

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
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William L. Wrenn
Commissioner

Bob Mullen
Director

REQUEST FOR PROPOSALS

Date Issued: May 3, 2006

Re: RFP Title – Temporary Nursing Coverage Services
RFP Number – *NHDOC 06-13-GFMED*

It is the mission of the New Hampshire Department of Corrections: To enhance public safety for the citizens of the State of New Hampshire; to provide effective custody and control, correctional treatment, and rehabilitation of offenders throughout the correctional system including probation, incarceration, and parole; to provide a safe and rewarding work environment for all employees including the opportunity for personal and professional growth and development.

This mission is supported through contracts with non-profit corporations; public corporations; public agencies (agency or department of municipal, county or state government); or by private proprietorships, partnerships, or corporations; or a consortium of public, non-profit, and private entities, that are awarded contracts through the State of New Hampshire Request for Proposals (RFP) process.

I. PURPOSE OF THE REQUEST FOR PROPOSALS

The purpose of this RFP and contract format is for the provision of Temporary Nursing Coverage Services for the NH Department of Corrections (NH DOC) sites as listed in Exhibit A.

The awarded contract(s) as a result of this RFP will be effective for the period beginning July 1, 2006, or, upon approval by the Governor and Executive Council of the State of NH, whichever is later, and will be in effect through June 31, 2007, with an option to renew this contract under the same terms and conditions for one (1) additional period of up to one (1) year upon agreement of the parties and after approval by the Governor and Executive Council of the State of New Hampshire.

II. BACKGROUND INFORMATION

This contract is for the provision of Temporary Nursing Coverage Services the NH State Prison/Men (NHSP/M) and the Secure Psychiatric Unit (SPU).

The NH Department of Corrections has approximately 1,450 male inmates incarcerated in the NHSP/M prison facility. We also have approximately 50 male and female residents in the SPU. Due to existing vacancies and family and military leave in the NH DOC nursing staff, Temporary Nursing Coverage Services are a necessary component of the overall NH Department of Corrections healthcare delivery system.

Promoting Public Safety Through Integrity, Respect and Professionalism

RFP *NHDOC 06-13-GFMED* (closing 5/26/2006)

It is unlawful to make any alteration(s) to the text of this document.

A signature on the Cover Sheet signifies that no alterations have been made to the original text or format.

III. ELIGIBILITY

Proposals may be submitted by any established non-profit corporations; public corporations; public agencies (agency or department of municipal, county, or state government); or by private proprietorships, partnerships, or corporations; or by a consortium of public, non-profit, and private entities. In the case of collaborative proposals, one organization shall be designated to enter into a contractual relationship with the NH Department of Corrections.

IV. PROCUREMENT TIMETABLE

A. Table:

Event #	Description of Event	Date of Event
1.	RFP Issued	5/3/2006
2.	Written Inquiries Due	5/15/2006
3.	Written Responses to Inquiries posted on the NHDOC website	5/17/2006
4.	Proposals Due at 2:00pm	5/26/2006
5.	Best & Final Offer (if necessary)	5/31/2006
6.	Contract Finalization	June-06
7.	Approval by the Governor and Executive Council	June-06
8.	Expected Start of Services	7/1/2006

Note: The NH Department of Corrections reserves the right to modify this above schedule of events at any time.

V. PROCEDURES FOR PROPOSAL SELECTION AND NOTIFICATION

A. Pre-Evaluation of Proposal and Procedures:

The proposal shall be subject to a procedural review by the Contract Administrator prior to any other evaluation reviews to ensure the Proposal(s) submitted:

- i. conform in form and format to the instructions contained within the RFP,
- ii. is complete,
- iii. is properly executed, and
- iv. contains all required supporting documentation.

B. Evaluation of RFP and Award of Contract

- 1) The New Hampshire Department of Corrections (NH DOC) has approved this RFP for issuance.
- 2) The RFP process is a procurement option allowing the NH DOC to award a contract based upon the evaluation criteria established by the NH DOC.
- 3) Upon review by the NH DOC and approval by the Governor and Executive Council of the State of NH, the signed contract shall become valid and the term will begin for the period as specified in Exhibit C, item 3-Term of Contract.
- 4) The NH DOC, may upon determining that no satisfactory applications have been received for these services, negotiate with a successful applicant for a related service to include this particular service as part of the service package, and/or issue another RFP for this particular service
- 5) The successful vendor(s) will be notified of the intent of the NH Department of Corrections to contract with them pending approval by the Governor and Executive Council of the State of NH.
- 6) Vendors not chosen by the NH Department of Corrections for the purposes of entering into a contract as a result of this RFP will be notified after a contract is officially awarded.

VI. PROPOSAL GENERAL INFORMATION AND INSTRUCTIONS

1. All inquiries concerning this Request for Proposals shall be made in writing, citing the RFP Title, RFP Number, Page, Section, and Paragraph, and may be submitted either by email, mail or, fax to:

NH Department of Corrections
Division of Medical and Forensic Services
Attn: Robert J. MacLeod, CHE
Administrative Director
PO Box 1806
Concord, NH 03302-1806
Tel: (603) 271-3707
Fax: (603) 271-5643
rmacleod@nhdoc.state.nh.us.

2. Inquiry Information
 - 2.1. An individual authorized to commit the organization to provide the services necessary to meet the requirements of this RFP must submit all inquiries.
 - 2.2. Answers to all written inquiries received will be posted on the NH DOC website: <http://webster.state.nh.us/nhdoc/rfp.html>, on or prior to **5/17/2006**.
3. Last Date of Inquiries:

Inquiries must be received no later than **5/15/2006**. Inquiries received after this date and time will be addressed only if they are deemed by the NH Department of Corrections to be critical to the competitive bid process. An official written answer will be provided to all questions meeting these requirements and will be posted on the NH DOC website.
4. Specifications:

Vendors must submit proposals as specified. Any changes to the proposal specification will be posted on the NH DOC website: <http://webster.state.nh.us/nhdoc/rfp.html>, for all Vendors. Verbal agreements or instructions from any source are not authorized by the NH DOC.
5. Proposal Submissions
 - 5.1. Please submit **three (3) original** complete proposals signed in **blue ink**. These original copies must be typed or clearly printed in **black ink**.
 - 5.2. Corrections must be initialed by the designated signatory listed on the certificate of authority provided by your organization.
 - 5.3. In addition, submit **five (5) photocopies** of the proposal.
 - 5.4. Proposals that are not complete or unsigned will be considered "technically non-compliant". Any proposal received after the deadline will be considered "technically non-responsive" and the Vendor will be so notified by the NH Department of Corrections and the proposal will be sent back to the Vendor unopened.
 - 5.5. Do not staple any part of your proposals. Only use paper clips or binder clips to secure and separate your proposals.
 - 5.6. Proposals must be **sealed** or they will not be accepted.

6. Cancellation:

The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor.

7. Financial Commitment:

Financial commitment by the NH Department of Corrections will not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a contract.

8. Rejection of Proposals:

8.1. A Vendor's proposal may be rejected at any time if the Vendor:

- 8.1.1. has any interest that may, in the sole discretion of NH DOC, conflict with performance of services for the State;
- 8.1.2. fails to demonstrate to the satisfaction of NH DOC that it is in sound financial condition if requested; and,
- 8.1.3. fails to reach agreement with NH DOC on all contract terms.

9. Other Remedies for Technically Non-Compliant/Non –Responsive Proposals:

9.1. The NH DOC, in its sole discretion, may determine that non-compliance with any RFP requirement is insubstantial. In such cases the NH DOC may:

- 9.1.1. seek clarification;
- 9.1.2. allow the Vendor to make minor corrections; or
- 9.1.3. apply a combination of the two remedies.

10. Addendum(s) and/or Amendment(s) to, or Withdrawal of the RFP:

If NH DOC decides to amend or clarify any part of this RFP, a written amendment will be provided to all prospective vendors on the NH Dept. of Corrections website: <http://webster.state.nh.us/nhdoc/rfp.html>. NH DOC, at its discretion, may amend the RFP at any time prior to the deadline for submission of proposals and terminate this procurement in whole or in part at any time. This RFP does not commit NH DOC or the State to pay any costs incurred in preparing a proposal.

11. Competition:

The NH Department of Corrections encourages free and open competition among Vendors. Specifications, proposals, and conditions are designed to accomplish this objective, consistent with the NHDOD's needs and guidelines.

12. Collusion:

The Vendor's signature on a proposal submitted in response to this RFP guarantees that the prices quoted have been established without collusion with other eligible Vendors and without effort to preclude the State of New Hampshire from obtaining the best possible competitive proposal.

13. Disclosure of Sealed Proposal:

A Vendor's disclosure or distribution of proposals other than to the NHDOC will be grounds for disqualification.

14. Document Alterations/Changes/Omissions:

It is unlawful to make any alteration(s) to the text or format of this document, or the text or format of any addendum or attachment to this document. A signature of the person authorized to legally bind the vendor to the terms of this Request for Proposals on the Cover Sheet signifies that no alterations have been made to the original text or format of this Request for Proposals. Any alterations made to the original text of this document may result in your proposal being considered technically non-compliant.

15. Terms of Submission:

All material received in response to this RFP shall become the property of the NHDOC and will not be returned to the Vendor. Regardless of the Vendor(s) selected, the NHDOC reserves the right to use any information presented in a proposal. The content of each Vendor's proposal(s) shall become public information once a contract has been awarded and approved by the Governor and Executive Council of the State of New Hampshire.

16. Vendor Responsibility:

The successful Vendor shall be solely responsible for meeting all terms and conditions specified in the RFP, their proposal, and any resulting contract.

17. Liability:

The NHDOC shall not be held liable for any costs incurred by the Vendor in the preparation of their proposal, or for work performed prior to contract issuance.

18. Best Interest of the State

If NHDOC determines it is in the best interest of the State, it may seek a "*BEST AND FINAL OFFER*" from Vendors submitting acceptable and /or potentially acceptable proposals. The "*BEST AND FINAL OFFER*" would provide a Vendor the opportunity to amend or change its original proposal to make it more acceptable to the State. NHDOC reserves the right to exercise this option.

19. Proposal Review and Evaluation Criteria:

- 19.1. NHDOC will conduct an objective review of proposals received in response to this RFP process.
- 19.2. The evaluation will be based on the demonstrated capabilities of the prospective Vendor in relation to the needs of the services to be provided as set forth in this RFP.
- 19.3. The NHDOC will award contract(s) based on the calculation of total cost of services.
- 19.4. The NHDOC reserves the right to accept or reject any proposal, and to waive any minor irregularities in any proposal.

20. Special Notes:

- 20.1. The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so.
- 20.2. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor.
- 20.3. The solicitation of the Request for Proposals shall not commit the NHDOC to award a contract.
- 20.4. Financial commitment by the NH Department of Corrections will not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a contract.
- 20.5. The headings of the sections of this RFP are for convenience only and shall not affect the interpretation of any section.

21. Insufficient Response:

NHDOC, may upon determining that no satisfactory applications have been received for these services, negotiate with a successful applicant for a related service to include this particular service as part of the service package, and/or reissue an RFP for this particular service.

- 22. All organizations designated as non-profit, or, not-for-profit, must submit with their proposal a current listing of the names and titles of their officers and the names and titles of their board of directors. This document is to be positioned directly after the proposal Cover Sheet and before the proposal Exhibit A and is to be titled, *List of Officers and Board of Directors*.

Proposal Cover Sheet Instructions

Page 1 of 1

Responding to RFP Number: Please indicate which RFP your organization is responding to. The RFP Title and Number can be found on the first page of this document.

Estimated Total Cost: From Exhibit B1-Contract Pricing, this equals the Estimated Total Cost.

Vendor: Organization name as it appears on the Certification of Good Standing provided by NH Secretary of State.

Note: In order to obtain the Certificate of Good Standing, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for \$5.00 made payable to the State of New Hampshire. In the event that you need to expedite the request, you may fax the request to 603-271-3247 or go in person to request a copy and you will be billed \$30.00 for the expedited service. Include your mailing address, corresponding check number, and telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.

Address: Address as identified on Alternate W-9 and actual location(s) of vendor business. Not a PO Box number.

Signature/Initials: Person authorized to legally bind the vendor to the terms of this application and a Standard State Contract (P-37) must sign and initial this line.

Date: Date the document is signed.

Title: Title of the officer signing the contract.

Type or Print Name Signed Above: Typewritten name of the person responsible for the implementation of this service (Project Director).

Contact Person: Name of a representative responsible to service this contract.

Telephone: Telephone number of the Contact Person.

Email: Email address of the Contact Person.

Fax: Number where a fax can reach the Contact Person.

Note: The contact person can be, but does not need to be the same as the person authorized to sign the contract.

Proposal Cover Sheet
Page 1 of 1

PROPOSAL FOR:

The purpose of this RFP and contract format is for the procurement of Temporary Nursing Coverage Services for the NH State Prison/Men (NHSP/M) and the Secure Psychiatric Unit (SPU).

OFFER: The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein.

Responding to RFP Number: NHDOC 06-13-GFMED

Indicate which location this proposal is being submitted in reference to:

ESTIMATED TOTAL COST (From Exhibit B, 3.1.): **To be filled in by the NH DOC based on estimated need.**

The signer of the Vendor below signifies the assent of the Vendor to all of the terms and conditions of this RFP unless exception is taken, in writing.

VENDOR: _____
Name of Corporation or Respondent

ADDRESS: _____
Street Address

City or Town State Zip Code

SIGNATURE INITIALS DATE

TITLE

PRINT NAME OF SIGNATORY

CONTACT NAME: _____

TELEPHONE: _____

E-MAIL: _____

FAX: _____

Proposal Check Sheet

Page 1 of 1

Process and Format for Submitting Proposals

- Please submit **three (3) original** complete proposals signed in **blue ink**. These original copies must be typed or clearly printed in **black ink**. All corrections must be initialed.
- Proposals that are not complete or unsigned will be considered “technically non-compliant”.
- Any proposal received after the deadline will be considered "technically non-responsive" and the vendor will be so notified by the NH Department of Corrections and the proposal will be sent back to the vendor unopened.
- **Do not staple** any part of your proposals. Only use paper clips or binder clips to secure and separate your proposals.
- Proposals must be **sealed** or they will not be accepted.

If your organization is interested, complete and submit the following documents:

- ☐ Proposal Cover Sheet
- ☐ Exhibit A – Scope of Services
- ☐ Exhibit B – Estimated Budget/Method of Payment
- ☐ Exhibit B1 – Contract Pricing
- ☐ Exhibit C – Special Provisions
- ☐ Exhibit D – Selection/Evaluation Process and Criteria
- ☐ Attachment 1 - Rules of Conduct for Persons Providing Contracted Services
- ☐ Attachment 2 - Administrative Rules
- ☐ Attachment 3 - Confidentiality of Information Agreement
- ☐ Attachment 4a, b, or, c - Certificate of Authority (execute and submit only the one that applies)
- ☐ Attachment 5 - Alternate W-9 Form
- ☐ Attachment 6 - Contract Form P-37 (Please fully execute: Items 1.3, 1.4, 1.11, and 1.12, in front of a notary or Justice of the Peace and have them fill out Items 1.13, 1.13.1, and 1.13.2.)
- ☐ Certificate of Good Standing:
 - In order to obtain a Certificate of Good Standing, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for \$5.00 made payable to the State of New Hampshire. In the event that you need to expedite the request, you may fax the request to (603) 271-3247 or go in person to request a copy and you will be billed \$30.00 for the expedited service. Include your mailing address, corresponding check number, telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.
- ☐ Certificate of Insurance Coverage:
 - You must contact your Insurance provider and follow their processes to get this form pursuant to section 14 of the State Long Form Contract (P-37). **The NH Depart. Of Corrections, PO Box 1806, Concord, NH, 03302-1806, must be listed as the Certificate Holder.** Once obtained you may include it with your responding Proposal. If necessary you may have your insurance provider fax the Department of Corrections a copy of the form. Faxes are to be sent to: (603) 271-5639, care of the Contract Administrator.

Exhibit A
Scope of Services
Page 1 of 1

Temporary Nursing Coverage Services

1. Temporary Nursing Coverage Services is to be furnished to the following New Hampshire State Prison Facilities.

NH State Prison for Men 281 North State Street Concord NH 03301	Secure Psychiatric Unit 281 North State Street Concord NH 03301
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2. Temporary Nursing Placement Services including but not limited to:
- 2.1. The provider shall refer personnel to the NH Department of Corrections (NH DOC) for placement on a temporary basis and such personnel shall include, but not be limited to registered nurses and licensed practical nurses.
 - 2.2. The provider shall provide for the NH DOC only those nursing professionals who have valid professional licenses, and/or qualifications required by law for the performance of the services required. No nursing professional will be referred to the NH DOC without the proper documentation required by federal, state, or local law.
 - 2.3. The NH DOC shall retain ultimate responsibility for the management of patient care.
 - 2.4. The nursing professional placed by the provider will be under the direction and supervision of the NH DOC.
 - 2.5. The NH DOC shall determine the shifts to be worked and shall not have any obligation to the provider for any minimum number of shifts.
 - 2.6. The NH DOC reserves the right to refuse placement of any nursing professional with or without cause.
 - 2.7. In performing the services specified by the NH DOC, the nursing professionals are and shall at all times remain employees of the provider. The NH DOC will provide a 16-hour orientation for all nurses accepted by the NHDOC to supply temporary nursing services on an as-needed basis at the expense of the employer. The provider shall pay all wages of the nursing professionals. The provider shall pay all federal and state taxes including federal social security and state unemployment compensation taxes.
 - 2.8. The NH DOC shall give the provider a two hour notification of cancellation prior to the start of the shift .If a two hour notification is not given a four hour charge will be incurred. Once a Nursing Professional has started to work a four-hour minimum billing will apply.

Exhibit B
Estimated Budget/Method of Payment
Page 1 of 1

1. Method of Payment: Services are to be billed monthly commencing 30 days after the start of service, invoices are to be sent in duplicate to the respective locations as follows:

NH State Prison/Men Attn: Health Services 281 North Main Street Concord, NH 03301	Secure Psychiatric Unit Attn: Health Services 281 North Main Street Concord, NH 03301
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2. The NH DOC Bureau of Fiscal Management will issue payment to the Vendor within 30 days of receipt of an approved invoice.
3. Estimated Total Cost:
 - 3.1. Estimated Total Cost: \$_____ this section is the price category determinant of the contract award. **To be filled in by the NH DOC based on estimated need as calculated from the prices listed in Exhibit B1 by the Vendor.**
 - 3.2. NH Department of Corrections calculations to show how the NHDOC arrived at 3.1-Estimated Total Cost are attached to the vendors list as the Evaluation Calculation Worksheet.
4. Invoices will be sent to the location being serviced for initial approval before being forwarded to the division Administrative Director for approval. Once both of these approvals are acquired the original invoices will be sent to the NH DOC Bureau of Fiscal Management for processing and issuance of payment.

EXHIBIT B1
CONTRACT PRICING

CONTRACT PRICE: LIMITATION ON PRICE: PAYMENT:

- 1 The Contractor agrees to provide services in accordance with the attached schedule at the following costs:

Shift	RN Rate/Hr	LPN Rate/Hr
7am - 3pm Weekdays	\$ _____	\$ _____
3pm - 11pm Weekdays	\$ _____	\$ _____
11pm - 7am Weekdays	\$ _____	\$ _____
7am - 3pm Weekends	\$ _____	\$ _____
3pm - 11pm Weekends	\$ _____	\$ _____
11pm - 7am Weekends	\$ _____	\$ _____
Holiday	\$ _____	\$ _____

- 2 The weekend billing period starts at 3pm Friday and ends at 7 am on Monday.

The holiday billing starts with the 11pm to 7am shift of the eve of the holiday and ends with the 3pm- 11pm shift on the day of the holiday. Christmas and New Years Eve holiday pay period will begin with the 3pm - 11pm shift.

Exhibit C
Special Provisions
Page 1 of 1

1. Any failure of the Vendor to meet the requirements of this contract shall constitute an event of default and provide justification for the contracting agency to immediately terminate said contract.
2. Failure to meet the requirements of the contract by the contracted vendor will automatically grant approval for the NH Department of Corrections to hire another vendor to complete services at the defaulted vendor's expense.
3. The term of the contract expires as set forth in the P-37 General Provisions item 1.6 Completion Date.
4. This contract may be renewed for one (1) additional period of up to one (1) year under the same terms and conditions, upon mutual agreement in writing of the parties and after approval by the Governor and Executive Council of the State of New Hampshire.
5. Upon submittal of a proposal, the Vendor shall furnish a certificate of insurance coverage in compliance with Section 14 Insurance Bond, as outlined in the P-37 General Provisions.
6. The State reserves the right to waive any information in, or reject any and all proposals. Failure to furnish all information called for on the request may be considered sufficient reason for rejecting the proposal.

Exhibit D
Selection/Evaluation Process and Criteria
Page 1 of 2

Proposals received from qualified Vendors will be evaluated on a 'Best Value' basis using the criteria identified in this section. The State expects to contract with one Vendor.

1. Proposal Receipt and Review:
 - 1.1. Proposals will be reviewed to initially determine if minimum submission requirements have been met.
 - 1.2. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the Request for Proposals to permit a complete evaluation.
 - 1.3. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.
 - 1.4. The NH DOC will select a group of personnel to act as an evaluation team. Upon receipt, the proposal information will be disclosed to the evaluation committee members only.
 - 1.5. The proposal will not be publicly opened.
 - 1.6. The NH DOC reserves the right to waive any irregularities, minor deficiencies and informalities that it considers not material to the proposal.
 - 1.7. The NH DOC may cancel the procurement and make no award, if that is determined to be in the best interest of the NH DOC and/or the State of New Hampshire.

2. Evaluation Criteria:

Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of this Request in a cost-effective manner. Specific criteria are:

- Technical Experience Required and Ability to Meet the needs of the Department;
- Pricing.

3. Public Disclosure:

RSA 21-I: 13-a, provides, in part, that no information shall be made available to the public concerning invitations or proposals for public bids (RFP/RFBs) from the time the proposal is made public until a contract is actually awarded in order to protect the integrity of the public RFP/RFB process. Accordingly, the State has determined that information contained in proposals submitted in response to any RFP/RFB shall not be released to the public until the Governor and Executive Council of the State of New Hampshire approve a contract. At that time, all proposals will be disclosed to the public to the extent required by the statutes governing access to public records and meetings, RSA Ch. 91-A.

Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors.

Proposals will be made available to the public after all discussions, negotiations, final awards have been made and after Governor and Executive Council approval. The NH Department of Corrections reserves the right to reject any and all proposals submitted in response to this RFP/RFB.

Exhibit D
Selection/Evaluation Process and Criteria
Page 2 of 2

4. Selection, Notification, and Award of Contracts:

Although proposals may be accepted and a contract awarded without discussion, the NH DOC may initiate discussions should clarification or negotiation become necessary. These discussions will usually be limited to all acceptable proposals but may also be extended to the potentially acceptable proposals. Vendors shall be prepared to send qualified personnel to discuss technical and contractual aspects of the proposal.

4.1. If the NH Department of Corrections awards a contract relative to this Request for Proposals, a letter shall advise the successful Vendor(s).

4.2. Public announcements or news releases pertaining to any contract awarded shall not be made without the written permission of the NH Department of Corrections.

5. Best Interest of the State:

If NH DOC determines it is in the best interest of the State, it may seek a “*BEST AND FINAL OFFER*” from Vendors submitting acceptable and /or potentially acceptable proposals. The “*BEST AND FINAL OFFER*” would provide a Vendor the opportunity to amend or change its original proposal to make it more acceptable to the State. NH DOC reserves the right to exercise this option.

N.H. DEPARTMENT OF CORRECTIONS
RULES OF CONDUCT FOR PERSONS PROVIDING CONTRACT SERVICES

1. Engaging in any of the following activities with persons under departmental control is strictly prohibited:
 - a. Any contact, including correspondence, other than in the performance of your services for which you have been contracted.
 - b. Giving or selling of anything
 - c. Accepting or buying anything
2. Any person providing contract services who is found to be under the influence of intoxicants or drugs will be removed from facility grounds and barred from future entry to Department of Corrections property.
3. Possession of any item considered to be contraband as defined in the New Hampshire code of Administrative Rules, COR 307 is a violation of the rules and the laws of the State of New Hampshire and may result in legal action under RSA 622:24 or other statutes.
4. In the event of any emergency situation, i.e., fire, disturbance, etc., you will follow the instructions of the escorting staff or report immediately to the closest available staff.
5. All rules, regulations and policies of the Department are designed for the safety of the staff, visitors and residents, the security of the facility and an orderly flow of necessary movement and activities. If unsure of any policy and procedure, ask for assistance from a staff member before advancing any further.
6. Harassment and discrimination directed toward anyone based on sex, race, creed, color, national origin or age are illegal under federal and state laws and will not be tolerated in the work place. Maintenance of a discriminatory work environment is also prohibited. Everyone has a duty to observe the law and will be subject to removal for failing to do so.
7. During the performance of your services you are responsible to the facility administrator, and by your signature below, agree to abide by all the rules, regulations, policies and procedures of the Department of Corrections and the State of New Hampshire.

Name

Signature

Date

Witness Name

Signature

Date

N.H. DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE RULES

COR 307 Items Considered Contraband. Contraband shall consist of:

- (a) Any substance or item whose possession is unlawful for the person or the general public possessing it including but not limited to:
 - (1) narcotics
 - (2) controlled drugs or
 - (3) automatic or concealed weapons possessed by those not licensed to have them.
- (b) Any firearm, simulated firearm, or device designed to propel or guide a projectile against a person, animal or target.
- (c) Any bullets, cartridges, projectiles or similar items designed to be projected against a person, animal or target.
- (d) Any explosive device, bomb, grenade, dynamite or dynamite cap or detonating device including primers, primer cord, explosive powder or similar items or simulations of these items.
- (e) Any drug item, whether medically prescribed or not, in excess of a one day supply or in such quantities that a person would suffer intoxication or illness if the entire available quantity were consumed alone or in combination with other available substances.
- (f) Any intoxicating beverage.
- (g) Sums of money or negotiable instruments in excess of \$100.00.
- (h) Lock-picking kits or tools or instruments on picking locks, making keys or obtaining surreptitious entry or exit
- (i) The following types of items in the possession of an individual who is not in a vehicle, but shall not be contraband stored in a secured vehicle:
 - (1) knives and knife-like weapons
 - (2) clubs and club-like weapons
 - (3) maps of the prison vicinity or sketches or drawings or pictorial representations of the facilities, its grounds or its vicinity
 - (4) pornography or pictures of visitors or prospective visitors undressed
 - (5) radios capable of monitoring or transmitting on the police band in the possession of other than law enforcement officials
 - (6) identification documents, licenses and credentials not in the possession of the person to whom properly issued.
 - (7) ropes, saws, grappling hooks, fishing line, masks, artificial beards or mustaches, cutting wheels or string rope or line impregnated with cutting material or similar items to facilitate escapes.
 - (8) balloons, condoms, false-bottomed containers or other containers which could facilitate transfer of contraband.

COR 307.02 Contraband on NHDOC grounds is prohibited. The possession, transport, introduction, use, sale or storage of contraband on the prison grounds without prior approval of the Commissioner of Corrections or his designee is prohibited under the provision of RSA 622:24 and RSA 622:25.

COR 307.03 Searches and Inspections Authorized.

- (a) Any person or property on state prison grounds shall be subject to search to discover contraband...

Travel onto prison grounds shall constitute implied consent to search for contraband. In such cases where implied consent exists, the visitor will be given a choice of either consenting to the search or immediately leaving the prison grounds. Nothing in this rule however, prevents non-consensual searches in situations where probable cause exists to believe that the visitor is or had attempted to introduce contraband into the prison pursuant to the law of New Hampshire concerning search, seizure and arrest.

- (b) All motor vehicles parked on prison grounds shall be locked and have the keys removed. Custodial personnel shall check to insure that vehicles are locked and shall visually inspect the plain-view interior of the vehicles. Vehicles discovered unlocked shall be searched to insure that no contraband is present. Contraband discovered during searches shall be confiscated for evidence, as shall contraband discovered during plain-view inspections.

- (c) All persons entering the facilities to visit with residents or staff, or to perform services at the facilities or to tour the facilities shall be subject to having their persons checked... All items and clothing carried into the institution... shall be searched for contraband.

Name

Signature

Date

Witness Name

Signature

Date

N.H. DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY OF INFORMATION AGREEMENT

I understand and agree that all employed by the organization I represent must abide by all rules, regulations and laws of the State of New Hampshire and the NH Department of Corrections that relate to the confidentiality of records and all other privileged information.

I further agree that all employed by or subcontracted through the organization I represent are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the NH Department of Corrections. If inmates or residents of the NH Department of Corrections, or, anyone outside of the NH Department of Corrections' employ approaches any of the our organization's employees or subcontractors and requests information, the staff/employees of the organization I represent will immediately contact their supervisor, notify the NH DOC, and file an incident report or statement report with the appropriate NH DOC representative.

Any violation of the above may result in immediate termination of any and all contractual obligations.

_____ Name	_____ Signature	_____ Date
_____ Witness Name	_____ Signature	_____ Date

CERTIFICATE OF AUTHORITY
WITH SEAL
(Corporation)

I, _____, do hereby certify
(Name of Clerk of the Corporation, can not be the one who signed the contract)
that:

1. I am a duly elected Clerk of _____.
(The Corporation)
2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on _____.
(Date given authority)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Corrections, for the provision of _____ services.

RESOLVED: That the _____
(Title of the one who signed the contract)
is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked, and remain in full force and effect as of _____.
(Today's date)

4. _____ is the duly elected
(Name of one who signed contract)
_____ of the
(Title of one who signed the contract)
Corporation.

Signature of the Clerk of the Corporation

(CORPORATE SEAL)

CERTIFICATE OF AUTHORITY
(Sole Proprietor)

I, _____, as a Sole Owner of my Business, _____
certify that I am authorized to enter into a contract with the State of New Hampshire, Department
of Corrections on behalf of myself.

IN WITNESS WHEREOF, I have set my hand as the Sole Owner of the Business this
_____ day of _____, 20____.

Sole Owner Signature

STATE OF _____

COUNTY OF _____

On this the _____ day of _____, 20____, before me, _____
_____ the undersigned Officer, personally appeared _____,
who acknowledge her/himself to be the Sole Owner, of _____, a
Business, and that she/he, as such Sole Owner being authorized to do so, executed the foregoing
instrument for the purposes therein contained, by signing the name of the Business by
her/himself as _____.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(OFFICIAL SEAL)

Notary Public / Justice of the Peace Signature

My Commission Expires: _____

CERTIFICATE
(Partnership)

I, _____, a Principle of _____, do hereby certify that:

1. I am a Principle of _____, a partnership (the "Partnership") and Partner-in-Charge of the _____ Office of the Partnership;
2. I maintain and have custody of a copy of the Partnership Agreement of the Partnership and a list of the General Partners and Principles of the Partnership assigned to the _____ Office;
3. I am duly authorized to issue certificates with respect to such Partnership Agreements and such General Partners and Principals;
4. I have attached hereto as Certificate, Attachment 5c, a true, accurate and complete excerpt of the relevant provision of the Partnership Agreement of the Partnership setting forth the authority of a Principal of the Partnership to enter into and sign agreements in the name of and on behalf of the Partnership;
5. _____, is on the date hereof, and since or before _____, 20 ____ has been, a Principal of the Partnership as referred to in Certificate Exhibit A attached hereto;
6. As a Principal of the Partnership she/he is fully authorized on behalf of and in the name of the Partnership to enter into and to take any and all actions to execute, acknowledge and deliver the contract with the State of New Hampshire, acting through the Department of Corrections, Division of Administration, providing for the performance by the Partnership of certain _____ services, and any and all documents, agreements and other instruments (and any amendments, revisions, or modifications thereto) as she/he may deem necessary, desirable or appropriate to accomplish the same;
7. The signature of _____, as Principal of the Partnership affixed to any instrument or document described in or contemplated by the preceding paragraph shall be exclusive evidence of the authority of said Principal to bind the Partnership thereby;
8. The excerpt of the Partnership Agreement of the Partnership attached as Certificate Exhibit A has not been revoked, annulled, or amended in any manner whatsoever and remains in full force and effect as of the date hereof;

9. The following persons, whose signatures appear below, have been duly appointed or assigned to and now occupy the positions indicated below in the Partnership:

Signature Name and Title

Signature Name and Title

10. IN WITNESS WHEREOF, I have hereunto set my hand as a Principal of the Partnership this _____ day of _____, 20____.

STATE OF _____

COUNTY OF _____

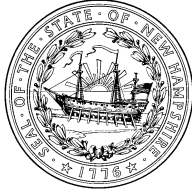
On this, the _____ day of _____, 20____, before me,
_____, the undersigned Officer, personally appeared
_____, who acknowledged her/himself to be the
_____, of _____, a
corporation, and that she/he, as such _____ being authorized to do
so, executed the foregoing instrument for the purposes therein contained, by signing the name of
the corporation by her/himself as _____.

IN WITNESS WHEREOF I hereunto set my hand and official seal.

(OFFICIAL SEAL)

Notary Public / Justice of the Peace Signature

My Commission Expires: _____



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob Mullen
Director

Alternate W-9 Form Instructions:

To establish your company as a vendor for the State of New Hampshire, an "Alternate W-9" form is required. This form is for IRS purposes. The following information may help you in completing this form.

Individuals and sole proprietors must use their social security number in combination with their name, while partnerships and corporations must use their Federal Identification Number in combination with their company name. A Company is not automatically a corporation – be sure of your status before completing this form. In all cases, the information in our files should reflect the same information you use to file your annual federal tax return.

Please return the completed "Alternate W-9" form to:

NH Department of Corrections
Attn: Contract Administrator
PO Box 1806
Concord, NH 03302-1806

Or the form may be faxed to: (603) 271-5639.

If you have any questions, please call (603) 271-5130.

Thank you for your assistance with this matter, and we look forward to many years of doing business with your company.

Sincerely,

Keith T. Ridings

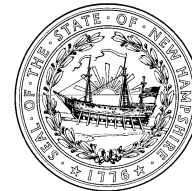
Keith Ridings
Contract and Grant Administrator
NH Department of Corrections



STATE OF NEW HAMPSHIRE

ALTERNATE W-9 FORM

PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER & CERTIFICATION



PLEASE USE THIS FORM TO PROVIDE THE REQUESTED
INFORMATION

Pursuant to IRS Regulations, you must furnish your Taxpayer Identification Number (TIN) to the State whether or not you are required to file tax returns. If this number is not provided, you may be subject to a 31% withholding on each payment made to you. To avoid this 31% withholding & to ensure that accurate tax information is reported to the IRS, A RESPONSE IS REQUIRED.

If a service provider is a part of a GROUP PRACTICE, it is the group name & TIN which is required on this Alternate W-9. If the service provider is a SOLE PROPRIETOR, it is the individual name & TIN which is required on this Alternate W-9.

NAME: _____

ADD'L or D/B/A NAME: _____

BUSINESS ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

HOME ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

TAXPAYER IDENTIFICATION NUMBER (TIN) as used on IRS tax return.

SSN _____ - _____ - _____ EIN/FIN _____ - _____

PRINCIPAL ACTIVITY (select only ONE).

☐ Service Provider ☐ Product/Merchandise Provider ☐ Other Provider

List principal type of service product or other you provide:

DESIGNATION (select ALL which apply to you/your organization).

☐ Individual ☐ Government ☐ Personal Service Corporation
☐ Sole Proprietor ☐ Estate or Trust ☐ Health Care Provider
☐ Partnership ☐ Corporation ☐ Non-Profit (attach copy of exemption)

Under penalty of perjury, I declare that the information provided is true, correct & complete, to the best of my knowledge or belief.

NAME & TITLE (print or type) _____

TELEPHONE #: _____ SIGNATURE: _____ DATE: _____

PLEASE RETURN WHEN COMPLETED TO: NH DEPT OF CORRECTIONS

On the next document
(Form P-37) only execute the
shaded sections. *Do Not* execute
any other part of the document.

Subject: _____

AGREEMENT

The State of New Hampshire and the Contractor hereby mutually agree as follows:

GENERAL PROVISIONS

1. Identification and Definitions

1.1 State Agency Name NH Department of Corrections		1.2 State Agency Address 105 Pleasant St. Concord, NH 03301	
1.3 Contractor Name		1.4 Contractor Address	
1.5 Account No.	1.6 Completion Date	1.7 Audit Date N/A	1.8 Price Limitation \$
1.9 Contracting Officer for State Agency William L. Wrenn, Commissioner		1.10 State Agency Telephone Number 1-603-271-5603	
1.11 Contractor Signature		1.12 Name & Title of Contractor Signor	
1.13 Acknowledgment: State of _____, County of _____, On _____ (DATE), before the undersigned officer, personally appeared the person identified in block 1.12., or satisfactorily proven to be the person whose name is signed in block 1.11., and acknowledged that s/he executed this document in the capacity indicated in block 1.12.			
1.13.1 Signature of Notary Public or Justice of the Peace [Seal]			
1.13.2 Name & Title of Notary Public or Justice of the Peace			
1.14 State Agency Signature(s)		1.15 Name/Title of State Agency Signor(s) William L. Wrenn, Commissioner	
1.16 Approval by Department of Personnel (Rate of Compensation for Individual Consultants) By: _____ Director, _____ On: _____			
1.17 Approval by Attorney General (Form, Substance and Execution) By: _____ Assistant Attorney General, _____ On: _____			
1.18 Approval by the Governor and Council By: _____ On: _____			
2. EMPLOYMENT OF CONTRACTOR/SERVICES TO BE PERFORMED. The State of New Hampshire, acting through the agency identified in block 1.1 ("the State"), engages contractor identified in block 1.3 ("the Contractor") to perform, and the Contractor shall perform, that work or sale of goods, or both, identified and more particularly described in EXHIBIT A incorporated herein ("the Services").			
3. EFFECTIVE DATE: COMPLETION OF SERVICES. 3.1 This agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Council of the State of New Hampshire approve this agreement, ("the Effective Date"). 3.2 If the date for commencement in Exhibit A precedes the Effective Date all services performed by Contractor between the commencement date and the Effective Date shall be performed at the sole risk of the contractor and in the event that this Agreement does not become effective, the State shall be under no obligation to pay the contractor for any costs incurred or services performed; however that if this Agreement becomes effective all costs incurred prior to the effective date shall be paid under the terms of this Agreement. All services must be completed by the date specified in block 1.6.			
4. CONDITIONAL NATURE OF AGREEMENT. Notwithstanding anything in this agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds, and in no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of those funds, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to terminate this agreement immediately upon giving the Contractor notice of such termination. The State shall not be required to transfer funds from any other account to the account identified in block 1.5 in the event funds in that account are reduced or unavailable.			

CONTRACT PRICE: LIMITATION ON PRICE: PAYMENT.

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in Exhibit B, incorporated herein.

5.2 The payment by the State of the contract price shall be the only, and the complete, reimbursement to the Contractor for all expenses, of whatever nature, incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by RSA 80:7 through 7-C or any other provision of law.

5.4 Notwithstanding anything in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made, hereunder exceed the price limitation set forth in block 1.8 of these general provisions.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS: EQUAL EMPLOYMENT OPPORTUNITY.

6.1 In connection with the performance of the Services, the Contractor shall comply with all statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to civil rights and equal opportunity laws. In addition, the vendor shall comply with all applicable copyright laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap or national origin and will take affirmative action to prevent such discrimination.

6.3 If this agreement is funded in any part by monies of the United States, the Contractor shall comply with all the provisions of Executive Order No. 11246 ("Equal Employment Opportunity"), as supplemented by the regulations of the United States Department of Labor (41 C.F.R. Part 60), and with any rules, regulations and guidelines as the State of New Hampshire or the United States issue to implement these regulations. The Contractor further agrees to permit the State or United States, access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants and conditions of this Agreement.

7. PERSONNEL

7.1 The performance of the Services shall be carried out by employees of the Contractor. The Contractor shall at its own expense, provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contractor shall not hire, and shall permit no subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services, to hire any person who has a contractual relationship with the State, or who is a State officer or employee, elected or appointed.

7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final.

8. EVENT OF DEFAULT, REMEDIES.

8.1 Anyone or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder ("Events of Default"):

8.1.1 failure to perform the Services satisfactorily or on schedule; or

8.1.2 failure to submit any report required hereunder; or

8.1.3 failure to perform any other covenant or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) days from the date of the notice; and if the Event of Default is not timely remedied, terminate this agreement, effective two (2) days after giving the Contractor notice of termination; and

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the Contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor; and

8.2.3 set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and

8.2.4 treat the agreement as breached and pursue any of its remedies at law or in equity, or both.

9. DATA: ACCESS; CONFIDENTIALITY; PRESERVATION.

9.1 As used in this Agreement, the word "data" shall mean all information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

9.2 On and after the Effective Date, all data and any property which has been received from the State or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

9.3 Confidentiality of data shall be governed by RSA 91-A or other existing law. Disclosure pursuant to a right to know request shall require prior written approval of the State.

10. **TERMINATION.** In the event of an early termination of this Agreement for any reason other than the completion to the Services, the Contractor shall deliver to the Contracting Officer, not later than fifteen (15) days after the date of termination, a report ("the Termination Report") describing in detail all Services performed, and the Contract Price earned, to and including the date of termination. To the extent possible, the form, subject matter, content, and number of copies of the Termination Report shall be identical to those of any Final Report described in EXHIBIT A.

11. **CONTRACTOR'S RELATION TO THE STATE.** In the performance of this agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, worker's compensation or other emoluments provided by the State to its employees.

12. **ASSIGNMENT, DELEGATION AND SUBCONTRACTS.** The Contractor shall not assign, or otherwise transfer any interest in this Agreement without the prior written consent of the State. None of the Services shall be delegated or subcontracted by the Contractor without the prior written consent of the State.

13. **INDEMNIFICATION.** The Contractor shall defend, indemnify and hold harmless the State, its officers and employees, from and against any and all losses suffered by the State, its officers and employees, and any and all claims, liabilities or penalties asserted against the State, its officers and employees, by or on behalf of any person, on account of, based or resulting from, arising out of (or which may be claimed to arise out of) the acts or omissions of the Contractor. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the sovereign immunity of the State, which immunity is hereby reserved to the State. This covenant shall survive the termination of this Agreement.

14. INSURANCE AND BOND.

14.1 The Contractor shall, at its sole expense, obtain and maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, both for the benefit of the State, the following insurance:

14.1.1 comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$250,000 per claim and \$2,000,000 per incident; and

14.1.2 fire and extended coverage insurance covering all property subject to subparagraph 9.2 of these general provisions, in an amount not less than 80% of the whole replacement value of the property.

14.2 The policies described in subparagraph 14.1 of this paragraph shall be the standard form employed in the State of New Hampshire, issued by underwriters acceptable to the State, and authorized to do business in the State of New Hampshire. Each policy shall contain a clause prohibiting cancellation or modifications of the policy earlier than 10 days after written notice thereof has been received by the State.

15. **WAIVER OF BREACH.** No failure by the State to enforce any provisions hereof after any Event of Default shall be deemed a waiver of its rights with regard to that event, or any subsequent Event. No express failure of any Event of Default shall be deemed a waiver of the right of the State to enforce each and all of the provisions hereof upon any further or other default on the part of the Contractor.

16. **NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, above.

17. **AMENDMENT.** This agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Council of the State of New Hampshire.

18. **CONSTRUCTION OF AGREEMENT AND TERMS.** This Agreement shall be construed in accordance with the laws of the State of New Hampshire, and is binding upon and inures to the benefit of the parties and their respective successors and assigns.

19. **THIRD PARTIES.** The parties hereto do not intend to benefit any third parties and this agreement shall not be construed to confer any such benefit.

20. **SPECIAL PROVISIONS.** The additional provisions set forth in EXHIBIT C hereto are incorporated as part of this Agreement.

21. **ENTIRE AGREEMENT.** This agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understanding.

Attention All Vendors

This RFP can be found online listed under the RFP number on the cover page of this document at:

<http://webster.state.nh.us/nhdoc/rfp.html>.

DO NOT change the integrity of the information provided by the NH DOC on the document. Any alterations may be considered by the review committee as a disqualifying factor.